

# Request for a Certificate of Insurance

Club Name; -----

Club Representative; -----

Address; -----

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Name of Activity; -----

Person representing the location of the Activity; -----

Location of Activity; -----

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Date of Activity; -----

Please complete this form and mail to:

Sharon Seitz

MWCA Insurance Representative

6655 Jackson Rd #639

Ann Arbor, MI 48103

Or email this form to:

[MWCAinsur@yahoo.com](mailto:MWCAinsur@yahoo.com)

Question By phone:

Home; 734 645-9214

Thanks,

Sharon Seitz, Saline Carvers

MWCA Insurance Representative